

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	27/11/2018 16:40
Date Of Accident	26/11/2018 16:30
Exact Location Of Accident	JOHORE BAHRU CUSTOMS
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2759Z
Insured/Policyholder	
Name Of Registered Owner	MR PALAIYAH KUNA SEKARAN
NRIC No	S1246562I
Email Address	PKUNASE27@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96309540
Alternative Phone No	OTHERS-96309540

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3024051800
Cover Note Number	

Driver

Name of Driver	MR PALAIYAH KUNA SEKARAN
NRIC No	S1246562I
Date Of Birth	31/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	15/10/1980
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96309540
Fax Number	
Contact Number	OTHERS-96309540
Email Address	PKUNASE27@GMAIL.COM

Address	BLK 20 JOO SENG ROAD #06-136
Postcode	360020
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ALJUNIED NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 13 JOO SENG ROAD , POSTCODE: 360013 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2809999 - FAX NO: 62815960
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: E/20181126/2123

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW6163Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

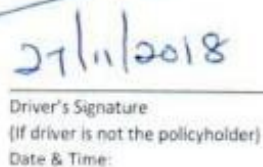
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

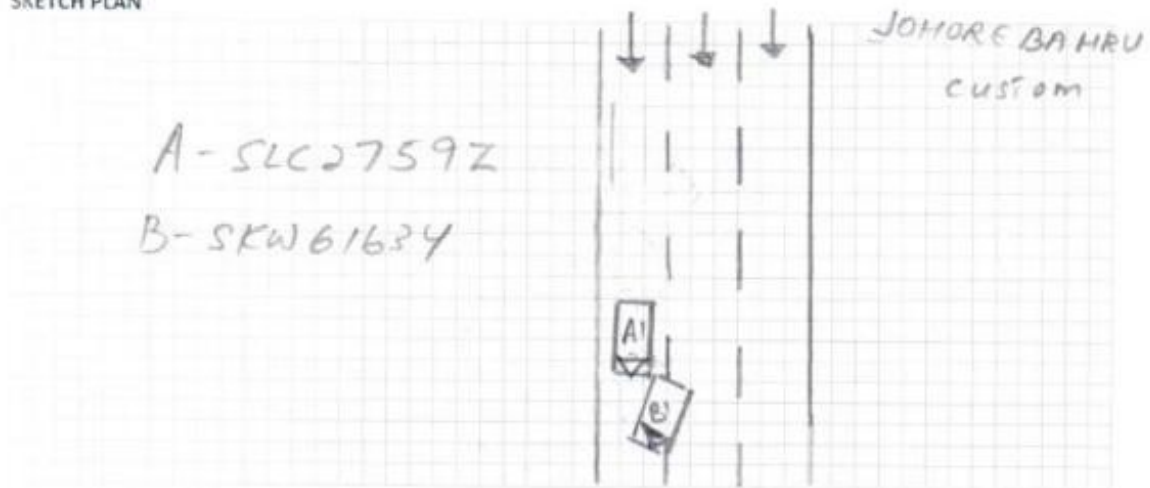

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: E/2018/126/2013

DECLARATION

I/We declare the foregoing particulars are true in every respect:


Policyholder's Signature
Date & Time:

27/11/2018
Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

Police Station Of Origin
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999



E/20181126/2123

1 of 2

Report No. E/20181126/2123

Date/Time Report Made 26/11/2018 19:45		Vide Report No.		Station Diary No. 43	
Name Of Informant PALAIYAH KUNA SEKARAN		Address APT BLK 20 JOO SENG ROAD #06-136 SINGAPORE 360020			
ID Type / ID No. NRIC NO / S12465621		Contact No. Home/Office		Mobile 96309540	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation ENGINEERING CONSULTANT		Sex Male	Age 61	Date of Birth 31/10/1957	Race Indian
Institution/School Name		Language			
Date/Time Of Incident 26/11/2018 16:30		Location Of Incident JOHORE BAHRU SKUDAI CUSTOMS MALAYSIA			

Brief details.

I was returning home and was driving my car (SLC2759Z) along the Johore Bahru Skudai Immigration when suddenly another car (SKW6163Y) crossed into my lane in front of me and swerved his car into the lane, causing the rear to hit my front side of the vehicles. The front bumper of my car was dented with some scratch marks. I stopped the driver however he refused to exchange particulars and only told me that we will settle after heading to Singapore Immigration. Upon clearing the Singapore Immigration Checkpoint, he drove off and I was unable to look for him. As such, I am lodging this report to facilitate in

Signature Of Officer Recording The Report: E / Sgt 3 MUHAMMAD FAKHRUDDIN BIN SHAHRI		Signature Of Informant: <i>[Signature]</i>	
Signature Of Interpreter: Not applicable		Date/Time: 26/11/2018 19:45	
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / SI HOWARD WEN SHENGHAO Contact No.: 63914698		Classification Of Case:	

Authentication Stamp



SIGNATURE

Individual Statement



SINGAPORE
POLICE FORCE



E/20181126/2123

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20181126/2123

insurance claim.

Signature Of Officer Recording The Report:

E / Sgt 3 MUHAMMAD FAKHRUDDIN BIN SHAHRI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
SI HOWARD WEN SHENGHAO
Contact No.: 63914698

Authentication Stamp

Signature Of Informant:

[Signature]

Date/Time:
26/11/2018 19:45

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

